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REMARKS:

☐ Urgent☐ For your review☒ Reply ASAP☐ Please commentApplication Number: 10/620,057Filing date: July 15, 2003First named inventor: Thuraiarajaratnam, AritharanAttorney docket number: 02-1456/1P

Transmitted herewith for filing via facsimile:

- Transmittal Form PTO/SB/21
- Fee Transmittal PTO/SB/17
- Information Disclosure Statement (letter)
- Information Disclosure Statement by Applicant PTO/SB/O&A
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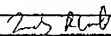
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10620,057	
	Filing Date	July 15, 2003	
	First Named Inventor	Thursirajasingam, Anitharan	
	Art Unit	2829	
	Examiner Name		
Total Number of Pages in This Submission	6	Attorney Docket Number	02-4456/1P

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): 1. Copy of cited reference.
Remarks		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm or Individual name	Timothy R. Croll, Reg. No. 36,771	
Signature		
Date	23 Oct 03	

CERTIFICATE OF TRANSMISSION/MAILING		
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.		
Typed or printed name	Mark Salvatore	
Signature		Date 10/24/03

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FEE TRANSMITTAL for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 0.00

Complete if Known

Application Number 10/620,057
Filing Date July 15, 2003
First Named Inventor Thuraijaretnam, Aritharan
Examiner Name
Art Unit 2829
Attorney Docket No. 02-4456/1P

METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)																																																																																																																																																																																																														
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SUBMITTER BY Name (first/last) Timothy R. Croll Signature <i>T. Croll</i>		Registration No. (Attorney/Agent) 36,771 Telephone 408-433-7825 Date 2/3/03																																																																																																																																																																																																														

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INFORMATION DISCLOSURE STATEMENT BY APPLICANT

Complete if Known

Application Number	10/620,057
Filing Date	July-15, 2003
First Named Inventor	Aritharan Thuraiarajaratnam
Group Art Unit	2829
Examiner Name	
Attorney Docket No.	/ 02 4456/1P

Sheet 1 of 1

OTHER PRIOR ART - NON PATENT LITERATURE DOCUMENTS

Examiner Initials	Cite No.	Include name of author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where	T
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